



Cal FIRE Office of the State Fire Marshal Fire Engineering and Investigations Division



CONSUMER FIREWORKS CLASSIFICATION APPLICATION

APPLICATIONS SHALL BE RECEIVED AT SFM NO LATER THAN MAY 1ST
DELIVERY OF PRODUCTS FOR EVALUATION WILL BE SCHEDULED BY EMAIL

Please Complete an Application for Each Device

Name of Item: _____ EX #: _____

Submitted By: Name: _____

Address _____

Phone: _____

Email: _____

Contact Person: _____ Phone number: _____

☐ SAFE AND SANE

☐ SNAP CAP

☐ PARTY POPPER

CLASSIFICATION FEE: \$50.00

A COPY OF THE CHEMICAL ANALYSIS AND EX NUMBER FOR EACH ITEM IS REQUIRED.
APPROVAL WILL NOT BE GRANTED WITHOUT THE CHEMICAL ANALYSIS AND EX NUMBER.

CERTIFICATION As company owner, responsible company officer or authorized agent, I certify that the facts I present to Cal FIRE Office of the State Fire Marshal for review and evaluation are accurate

Signature: _____ Printed Name of Signee: _____

Date: _____ Title of Signee: _____

SUBMISSION: A completed application and all required supplemental data shall be submitted to the address listed below. Testing will be conducted in the order it was received at SFM. *Failure to supply all needed information (including signature), will result in a delay of classification.*

**Cal FIRE Office of the State Fire Marshal
Fire Engineering and Investigations Division
1131 S Street, Sacramento, CA 95811
Email fwx@fire.ca.gov**

FOR CSFM USE ONLY:

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